



Client No. <b>2036</b>		Client Name <b>O.H. Materials</b>				Location <b>1002 Oswego St Utica, N.Y.</b>				Date <b>8-1-87</b>														
Facility Equipment	Detex Clock	Weapon No.	Holster	Nightstick	Raincoat	Flashlight	Other <b>2 Gate keys - Log book - Radio</b>																	
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) <b>Keneth Fealif</b>				Officer—Swing Shift (Name) <b>AT Bloomquist</b>				Officer—Grave Shift (Name) <b>David Harter</b>														
		Shift Began <b>8:00 AM</b> Ended <b>1:00 AM</b>				Shift Began <b>4:00 AM</b> Ended <b>12:00 AM</b>				Shift Began <b>0000</b> AM-PM Ended <b>0800</b> AM-PM														
Observations or actions taken	Yes	No	Explanation				Yes	No	Explanation															
Rounds or stations missed		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>																
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>																
Unlocked vaults or safes		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>																
Fire-smoke-or hazards		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>																
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>																
2. Sprinkler system defective		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>																
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>																
4. Rubbish accumulation		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>																
5. Motors running		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>																
6. Lights left burning		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<b>As Required</b>																
Injury hazards		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>																
<b>0845 Nagle on site - O.H.M.</b>		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	<b>Turned on Night lights 0530</b>															
Trespassing		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	<b>lodgings</b>															
Violation of company rules		<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>																
Remarks <b>(1145 Pavlovic on site) (1155 Pavlovic off site) (1425 Nagle O.H.M. by h.)</b>																								
<b>IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.</b>																								
1. Were you injured during this tour?	Day Shift	1.	Yes	No	2.	Yes	No	3.	Swing Shift	1.	Yes	No	2.	Yes	No	3.	Grave Shift	1.	Yes	No	2.	Yes	No	3.
2. Did you suffer any illness?	Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No
3. Have you reported all accidents coming to your attention?	Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No	Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	No	Yes	No
<b>Michael M. Miller</b>	Signatures	1.	<b>Keneth Fealif</b>						<b>AT Bloomquist</b>						<b>David Harter</b>									
<b>Wieg</b>	Signatures	2.																						
	Signatures	3.																						

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